UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Mgji Processina Section

OMR APPROVAL OMB Number: 3235-0076 Expires: March 31, 2009 Estimated average burden hours per response.....16.00

FORM D

SECTION 4(6), AND/OR

MAR 1 3 1006 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

Meshington, DC

SEC USE C	NLY
Prefix	Serial
	T .
O LOTE DECI	CH ICD

UNIFORM LIMITED OFFER	ING EXEMPTION	1@୯	1 1	
		,	DATE RECEIVED	
Name of Offering (check if this is an amendment and name has changed, and	indicate change.)			
Interests in Western Asset Strategic US\$ High Yield Portfolio, L.L.C.				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 50	6 🔲 Section 4(6) 🔲 ULOF			
Type of Filing: New Filing Amendment		, " »		
A. BASIC IDEN	NTIFICATION DATA			
Enter the information requested about the issuer				
Name of Issuer (check if this is an amendment and name has changed, and inc	licate change.)			Time.
Western Asset Strategic US\$ High Yield Portfolio, L.L.C.			Will time rates	WWW.
Address of Executive Offices (Number and Street, City, State, Zip Code)		ne Number (including A		AIIIIIIIII
c/o Western Asset Management Company	(626) 84-	4-9400	111111111111111111111111111111111111111	Alm w
385 E. Colorado Boulevard, Pasadena, CA 91101				∦81 Hez.
Address of Principal Business Operations (Number and Street, City, State, Zip Co	ode) Telephor	ie Number (including Arc	0903591	Γ,
(if different from Executive Offices)			0900-	
Brief Description of Business	l			
Private Investment Fund.				
Type of Business Organization				
corporation	l - 45 4-1	ad Habilitas assesses		_
_	other (please specify): limit	ea naoun'y company	DDULECCE	₹)
□ business trust □ limited partnership, to be formed Month Y	ear			<u>,''.</u>
	7 🖾 Actual	☐ Estimated	MAR 3 0 2009	. Ø₽
			MAR 3 0 ZUU9	, 0
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Servi	ce abbreviation for State:			
CN for Canada; FN for o	ther foreign jurisdiction)	DE	TUANCANDEIT	Œΰς
GENERAL INSTRUCTIONS			MICHALISCIALIST TO THE STATE OF	FILO
Federal:				
Who Must File: All issuers making an offering of securities in reliance on an exe	mption under Regulation D c	or Section 4(6), 17 CFR 23	i0.501 et seq. or 15 U.S.C.	
77d(6).				
			a 110 0 W	
When To File: A notice must be filed no later than 15 days after the first sale of s				ie
Exchange Commission (SEC) on the earlier of the date it is received by the SEC due, on the date it was mailed by United States registered or certified mail to that		, it received at that addres	s arres the date on which it i	13
due, on the date it was maned by Office States registered of certified man to mat	auureas.			
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W.	Washington D.C. 20549.			
mare to the other books and change communical 150 that brook the	.,			

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC I	DENTIFICATION DAT	ΓA		
 Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. 						
Check Box(es) that Appl	y: Promoter	Beneficial Owner	Executive Officer	Director	Managing Member	
Full Name (Last name fir	st, if individual)					
Western Asset Manager		16: 6:	- C. I.V			
Business or Residence A 385 East Colorado Blvd			p Code)			
Check Box(es) that Appl		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name fir						
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	o Code)			
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir						
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	o Code)		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir						
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	Code)			
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir	st, if individual)					
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	Code)			
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir	st, if individual)					
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	o Code)			
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir	st, if individual)					
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	o Code)			
Check Box(es) that Appl	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (Last name fir	st, if individual)					
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	Code)			
Check Box(es) that Apply	y: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name fir						
Business or Residence A	ddress (Number a	nd Street, City, State, Zip	Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	· · ·	····												
					B. INFO	RMATIO	N ABOU	T OFFER	RING					
1. Has ti	ne issuer sol	d, or does t	he issuer in	tend to sell.	to non-acc	redited inv	estors in thi	s offering?					Yes □	No ⊠
				A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2. What is the minimum investment that will be accepted from any individual?								S N/A						
3. Does								Yes	No					
	2. Does the orienting perture joint office and or a single with								⋈					
remui persoi	remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer													
Full Name (I N/A	ast name fi	rst, if indiv	idual)				,,							
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	ler									-	_	
States in Wh	ich Person I	Listed Has :	Solicited or	Intends to	Solicit Purc	hasers		· .					-	
(Check	"All States	" or check i	ndividual S	tates)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	*****************	.,,		All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) [KS] [NH] [TN]	(CA) [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (I	ast name fi	rst, if indiv	idual)	•	•	•	, ,							
Business or l	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	ler							, , , , , , , , , , , ,			-	
States in Wh	ich Person I	Listed Has !	Solicited or	Intends to	Solicit Purc	hasers								
(Check "All	States" or cl	heck indivi	dual States)	••••••				**************			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] {TX}	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (I	ast name fi	rst, if indiv	idual)											
Business or I	Residence A	ddress (Nu	inber and S	treet, City,	State, Zip C	ode)								
Name of Ass	ociated Bro	ker or Deal	ter											
States in Wh	ich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers	· <u>-</u>				··· ··			
(Check "All	States" or cl	heck individ	dual States)							🗆	All States			
[AL] {IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity		\$
	☐ Common ☐ Preferred		·
	Convertible Securities (including warrants)	S	s
	Partnership Interests	S	\$
	Other (Specify) Interests	\$ 141,501,379.33	\$ 141,501,379.33
	Total	\$ 141,501,379.33	\$ 141,501,379.33
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$ 141,501,379.33
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 15,000
	Accounting Fees.		\$
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 15,000

	C. OFFERING PRIO	CE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS				
4.	b. Enter the difference between the aggregate offe expenses furnished in response to Part C - Questic issuer."	ering price given in response to Part C - Question 1 and tot on 4.a. This difference is the "adjusted gross proceeds to the	al ne	\$ 141,486,379.33			
5.	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each te is not known, furnish an estimate and check the box to the must equal the adjusted gross proceeds to the issuer set	he				
			Payments to Officers, Directors, & Affiliates	Payments To Others			
	Salaries and fees		<u> </u>	□\$			
	Purchase of real estate		🔲 💲	□ \$			
	Purchase, rental or leasing and installation of mac	hinery and equipment	🔲 💲	□ s			
	Construction or leasing of plant buildings and faci	\$	□ s				
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger)	\$	□s				
	Repayment of indebtedness	s	□s				
				□s			
	Other (specify): Investments in securities and ex	☐ \$	⊠ \$ 141,486,379.33				
	Column Totals		S	☑ \$ 141,486,379.33			
	Total Payments Listed (column totals added)		🔼 \$ 14	1,486,379.33			
		D. FEDERAL SIGNATURE					
n u	issuer has duly caused this notice to be signed by the indertaking by the issuer to furnish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of	e undersigned duly authorized person. If this notice is file ities and Exchange Commission, upon written request of it	d under Rule 505, the follo is staff, the information fun	wing signature constitutes nished by the issuer to any			
Issuer (Print or Type) Western Asset Strategic US\$ High Yield Portfolio, L.L.C. Signature March 9, 2009							
Na	Name of Signer (Print or Type) James G. Hayes Tight of Signer (Print or Type) Head of International Portfolio Operations, Western Asset Management Company						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

